

EXHIBIT M

ACCOUNT AGREEMENT

Walden Savings Bank
15 Scott's Corners Dr
Montgomery, NY 12549

Agreement Date: 01-05-2024 By: Kimberley Beasley

☐ EXISTING Account - This agreement replaces previous agreement(s).

Account Description: 5 Month CD

☐ Checking ☐ Savings ☐ NOW ☐ _____

Initial Deposit \$ 400000 Source: B&T

Ownership of Account - PERSONAL Purpose

- ☒ Individual ☐ _____
☐ Joint - With Survivorship *(and not as tenants in common)*
☐ Joint - No Survivorship *(as tenants in common)*
☐ Convenience Account
☐ Trust - Separate Agreement:

☐ Revocable Trust Designation as Defined in this Agreement
 (Name and Address of Beneficiaries):

Ownership of Account - BUSINESS Purpose

- ☐ Sole Proprietorship ☐ Single-Member LLC ☐ Partnership
☐ LLC *(LLC tax classification: ☐ C Corp ☐ S Corp ☐ Partnership)*
☐ C Corporation ☐ S Corporation ☐ Non-Profit
☐ _____

Business:

Backup Withholding Certifications *(Non-"U.S. Persons" - Use separate Form W-8)*

☐ By signing at right, I, Moutz F. Soudani,
 certify under penalties of perjury that the statements made in this section are true.

☒ **TIN: 081-42-4580** The Taxpayer Identification
 Number (TIN) shown is my correct taxpayer identification number.

☐ **Not Subject to Backup Withholding.** I am NOT subject to backup
 withholding either because I have not been notified that I am subject to backup
 withholding as a result of a failure to report all interest or dividends, or the Internal
 Revenue Service has notified me that I am no longer subject to backup withholding.

☐ **Exempt Recipient.** I am an exempt recipient under the Internal Revenue
 Service Regulations. Exempt payee code (if any) _____

FATCA Code. The FATCA code entered on this form (if any) indicating that I am
 exempt from FATCA reporting is correct.

U.S. Person. I am a U.S. citizen or other U.S. person (as defined
 in the instructions).

Account Number: 4569 / 5 Month CD

Account Owner(s) Name & Address

Moutz F. Soudani
40 Bailey Rd
Montgomery, NY 12549-2109

Additional Information:

Signature(s). The undersigned certifies the accuracy of the information he/she has
 provided and acknowledges receipt of a completed copy of this form. The undersigned
 authorizes the financial institution to verify credit and employment history and/or have
 a credit reporting agency prepare a credit report on the undersigned, as individuals.
 The undersigned also acknowledge the receipt of a copy and agree to the terms of the
 following agreement(s) and/or disclosure(s):

- ☒ Terms & Conditions ☒ Truth in Savings ☒ Funds Availability
☒ Electronic Fund Transfers ☒ Privacy ☒ Substitute Checks
☒ Common Features ☐ _____

The Internal Revenue Service does not require your consent to any
 provision of this document other than the certifications required to
 avoid backup withholding.

(1): [X Moutz Soudani] 01/05/24 11:51

Moutz F. Soudani

I.D. # 081-42-4580 D.O.B. 04-01-1949

(2): [X]

I.D. # _____ D.O.B. _____

(3): [X]

I.D. # _____ D.O.B. _____

(4): [X]

I.D. # _____ D.O.B. _____

☐ The below named person(s) are Convenience Signers only (not owners)

[X]

I.D. # _____ D.O.B. _____

[X]

I.D. # _____ D.O.B. _____

